


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90029 045 ****61.25

DOCUMENT # 737774
 1. Entity Name
JACKSONVILLE COMMODORES LEAGUE, INC.



Principal Place of Business Mailing Address
 6726 LINFORD LANE JACKSONVILLE FL 32217 US
 6726 LINFORD LANE JACKSONVILLE FL 32217 US



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 1st MOORE CR2E037 (10/05)

4. FEI Number **59-1804893** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BURROWS, WILLIAM D
6726 LINFORD LANE
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V/D** Delete
 NAME **EVANS, RANDY T**
 STREET ADDRESS **6665 GRACE LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **VID** Change Addition
 NAME **LOOP, DAMON**
 STREET ADDRESS **4406 Nassau River rd**
 CITY-ST-ZIP **Fernandina beach FL 32034**

TITLE **V/S** Delete
 NAME **BURROWS, WILLIAM D**
 STREET ADDRESS **6726 LINFORD LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **VID** Change Addition
 NAME **BURROWS, WILLIAM D**
 STREET ADDRESS **6726 LINFORD LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **P/D** Delete
 NAME **GRANGE, GIFFORD**
 STREET ADDRESS **7650 EPPING FOREST WAY #110**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **V/S** Change Addition
 NAME **HOMESYER, BRUCE A**
 STREET ADDRESS **6756 LINFORD LANE**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **V/D** Delete
 NAME **BAILEY, JAMES F**
 STREET ADDRESS **10 N. NEWMAN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VID** Change Addition
 NAME **BAILEY, JAMES F**
 STREET ADDRESS **10 N. NEWMAN STREET**
 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE **V/D** Delete
 NAME **GAY, ROBERT D**
 STREET ADDRESS **4961 ORTEGA FARMS BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **P/D** Change Addition
 NAME **GAY, ROBERT D**
 STREET ADDRESS **4961 ORTEGA FARMS BL**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **V/T** Delete
 NAME **PRESTON, FREDERICK W**
 STREET ADDRESS **6507 RIVER POINT DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **V/T** Change Addition
 NAME **JAMES NICHOLSON JAMES**
 STREET ADDRESS **10609 Old St. Augustine Rd**
 CITY-ST-ZIP **JACKSONVILLE FL 32257 Suite 2**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Nicholson* / Secretary 2/10/06 904/737-0120